

Kiwanis Recreation Center Fall Break Basketball Camps

Coached by Sammy Duane, Sr.
Former Corona del Sol Varsity Coach

This camp will tune up skills for the upcoming season and present fundamentals for new players. The camp will feature drills and games to improve shooting and skills.



KPSBB-1D	1-5 gr	10/10-10/14	9-10:30am	\$60	KRC
KPSBB-2D	6-8 gr	10/10-10/14	10:30-12pm	\$60	KRC
KPSBB-3D	9-12 gr	10/10-10/14	12:30-2pm	\$60	KRC
KPSBB-4D	9-12 gr	10/17-10/21	4-5:30pm	\$60	KRC
KPSBB-5D	4-7 gr	10/24-10/28	4-5:30pm	\$60	KRC



All campers will receive a camp T-shirt.

Registration Form -- Boys Fall Break Basketball Camp

(One registration form per participant.)

Name: _____

Address: _____ City: _____ Zip: _____

Grade Entering: _____ Date of Birth: _____ Age: _____ Email: _____

Parent or Contact Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Registration Code(s): _____ Date(s): _____ Amt.: \$ _____

Shirt Size (circle) Youth S M L Adult S M L XL

Check# _____ (Make check payable to City of Tempe)

Visa/Mastercard/Discover/AMEX # _____ Exp. Date: _____

Signature: _____ (to authorize charge)

In consideration of accepting this event entry, I do hereby for and on behalf of myself, my heirs, and legal representatives release and forever discharge the City of Tempe and the Kiwanis Park Recreation Center, their officers, committees, representatives and their successors of every kind, nature, and character, from any claim which I may have or hereafter acquire for any and all damages, losses, or injuries which may be suffered or sustained by me in connection with my activities during the said event and all such claims are hereby waived and released and I covenant not to sue therefor. I understand that the City of Tempe does NOT carry accident insurance for this event and I am aware and agree to assume all risks associated with my participation. I will additionally permit the free use of my name and picture in broadcasts, telecasts, newspapers, brochures, web sites, etc. Falsification of any information on this registration form will result in suspension from the program. If I require certain accommodations to participate, I will note them below.

SIGNATURE _____ DATE _____
(Parent or Guardian if under 18)

